

JOE M. ALLBAUGH
DIRECTOR



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICAL SERVICES

November 5, 2018

Ronny Darnell, DOC #521825
Cimarron Correctional Facility
3200 S. Kings Highway
Cushing, OK 74023

Re: Improperly Submitted Grievance Appeal (CCF #18-341)

Dear Ronny Darnell:

Your "Misconduct/Grievance Appeal to Administrative Review Authority" (appeal) form, dated October 4, 2018, was received in the medical services office on October 12, 2018. In accordance with OP-090124, I am returning (a copy of) your original correspondence unanswered for the following reason(s):

1. You are out of time to submit this complaint. According to your appeal form, you received a response to your "Inmate/Offender Grievance" (grievance), which noted your procedural errors, on October 3, 2018. However, despite the notice of your errors and of the ten day timeline to correct these errors and properly resubmit your grievance, you failed to do so. Therefore, you are out of time to submit grievance #18-341 and you have waived the opportunity to proceed in the grievance process with regard to this issue.

PLEASE NOTE: You are being issued a restriction warning for misuse of the grievance process. A grievance restriction may be imposed, as described in §IX, for any subsequent misuse and/or abuse of the grievance process. It is your responsibility to submit your grievance correspondence properly in accordance with OP-090124. Please read this policy carefully before you submit any other correspondence. Contact your case manager if you have questions or need further assistance regarding the grievance process.

The appropriate method for addressing any health concern is via the facility's sick call process. Please document such concerns on a "Request for Health Services" form and submit it to the medical unit at your facility. If necessary, an appointment can then be scheduled for you to be examined by a qualified health care professional.

Sincerely,

Buddy Honaker
Medical Services Manager

BH/rm

CC Safieh Rashti
Raymond Byrd
Tiffany Hickerson
Mark Knutson
Greg Williams (Brenda Bryant)
Julie Rose
Stephanie Adams
Kerry Minyard
File

Misconduct/Grievance Appeal To Administrative Review Authority

Ms. Phoebe Renee Hallowell

Inmate Name: Ms. Ronny Darnell

DOC Number:

52825 -

Facility Where Offense/Grievance Occurred:
(C.C.F.)

Offense Code:

N/A

Date of misconduct violation: N/A Facility Misconduct Appeal NumberN/A Facility Grievance Appeal Number
18-341I received the response of the reviewing authority at the facility on: 10-3-2018

Fill out this form in blue or black ink. Writing must be legible. I wish to appeal the reviewing authority's response to the misconduct/grievance on the following ground(s) only. DO NOT ATTACH ANY OTHER PAGES. (Use ONLY the back side of this page, if necessary). Your appeal will be returned to you unanswered if any other pages are submitted.

- Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision, and why the evidence was not previously available which if considered may alter the decision (you must clearly state the newly discovered/available evidence); or
- Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority, including citing the part of procedures or statutes not followed by the reviewing authority).

Response: The error made in Grievance 18-341, is they gave an incorrect response in returning Grievance unanswered, the Grievance did not match the Request to Staff in accordance with Policy op# 090124, my asking to be seen by an outside Provider is in accordance with Policy op# 140121. What C.C.F. is doing is trying to hinder me from being able to exhaust my Administrative Remedies. Therefore making my Administrative Remedies already exhausted.

I understand that in accordance with OP-060125/OP-090124, I will be charged \$2 to appeal a misconduct/grievance to the Administrative Review Authority or Chief Medical Officer, and that this form is also a request for disbursement of funds from my trust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become available.

Ms. Phoebe Renee Hallowell
Signature of Inmate Ms. Ronny Darnell

10-4-2018

Date

DOC 060125V (R 4/17)

Department of Corrections
Medical Services Administration

OCT 12 2018

Received